

Public Health and Seattle King County

Application for Health Department Approval of Building Permit

For houses or structures served by an on-site sewage (septic) system

East Public Health Center 14350 SE Eastgate Way, Bellevue, WA 98007

(206) 296-4932 Fax: (206) 296-4919 Application Fee: \$210.00

Health Dept. Use Only

T - Guide Page/Loc.

For DDES use Only

Date Received _____

Tracking No. _____

Permit Tech _____

HD Fee Collected: Yes No

Health Department

Record I.D. Number

ON _____

Please submit application and all support documents in triplicate

The minimum support documents include:

1. detailed **route map and directions** to property
2. **plot plan scaled at 1"=20' or 1"=30', 11" x 17" max. size, to include:**
 - house footprint and any proposed changes to that footprint
 - location of septic tank and pump tank, drainfield and all tight sewer lines
 - location of reserve drainfield area (repair area)
 - all water lines and well sites, show 100ft radius around all well sites
 - location of all out buildings
 - location of all driveways and parking areas
 - all property boundaries and easements
 - all streams and bodies of water
3. **Floor plans** of what is changing in the building **11" x 17" maximum size.**

Property Information

Address of Property _____ Parcel No.

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City _____ Zip _____

Applicants Name _____ Day Phone _____

Applicants Mailing Address _____ City _____ Zip _____

Owners Name _____ Day Phone _____

Age of House _____ Distance to nearest public sewer _____

Existing Square footage of house _____ Number of existing bedrooms _____

Square footage to be added _____ Number of bedrooms being added _____

Description of proposed changes _____

Additions or repairs to sewage system (give dates and describe briefly) _____

Describe or attach any drainfield easements, covenants or notices on title, which may impact the property

Water Supply Information

_____ Public water system (water supply with 2 of more connections)

_____ Private (well, spring, etc.) attach copies of well log, well covenants, chemical/bacteriological sample reports.

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☐ Released Initials _____ Date _____

☐ Approved _____ Date _____

By: _____

☐ Disapproved _____ Date _____

By: _____

☐ Hold _____ Date _____

By: _____

Comments/Conditions: _____

Date Received

Any person aggrieved by any decision or final order of the Health Officer may file a written application for appeal to the Health Officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee).